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AUTHOR Boggess, Patricia A.; Reiman, Dean
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ABSTRACT

This report describes a service model developed for the Division of Children and Family Services in Wenatchee, Washington that attempts to address the needs of families impacted by substance abuse. The service area is rural and has an overwhelming drug problem. Caseload trends provide evidence for a large number of drug-related referrals and an increase in the placement of children in care. In response to these trends, the program was formulated in order to provide intensive in-home services to pregnant and parenting women. These women have family histories of dependency, violence, and abuse; are often on public aid; and generally lack self-esteem. The intervention attempts to structure their lives towards predictability. The services provided reduce the risk to children posed by their parents' substance abuse and prevent the need for out-of-home placement. Services also expedite the movement of children who are out of their homes into permanent residences. Specific services include drug assessments and counseling, on-site nursing care, recovery support groups, education about community services, and day care. (BC)

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SLAMMIN' and SNORTIN': A Community Based Model of Intervention in Drug Cases

Patricia A. Boggess, M.S. and Dean Reiman, Ph. C.
Division of Children and Family Services
Wenatchee, Washington

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INTRODUCTION

Over the last four years an alarming trend has been developing in the caseload characteristics of the Wenatchee, Washington office of Children and Family Services. Out-of-home placement rates have risen, the average length of stay in placement has increased, caseloads have swelled to unmanageable proportions and the average age of a child in care has decreased dramatically.

These are caseload characteristics of children in care in Wenatchee:

1) Number of children in placement: 110+
2) Number of children in placement at least six months: 86
3) Average length of stay in placement overall: 11 months
4) Current caseload size - child protective services: 30+
   child welfare services: 35+
5) Number of intake referrals per month: 150-195
6) Number of cases assigned for investigation: 110+

The trends evidenced above are being compounded and compromised by the overwhelming number of drug-related referrals and subsequent rise in placements of children in care. In 1989 an analysis of all referrals received by the Wenatchee office since 1986 demonstrated

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a 100% increase in the number of referrals alleging substance abuse from year to year. Currently it is estimated that 90% of the intake referrals allege substance abuse. Further, the marked decrease in average age of a child in placement is directly related to the number of cocaine exposed infants placed into care at birth.

These children reflect a cost to the state and its taxpayers beyond mere foster care expenditures. An example of these costs can be found in the case of baby Nicole. Born prematurely as a result of her mother's cocaine usage, Nicole required intense medical supervision and specialized placement. Nicole was hospitalized the first month of her life, incurring costs averaging $1,000.00/day. Initial foster care payments totaled $622.00/month and do not reflect medical, transportation or other related service expenditures. Her apnea monitor alone cost $300.00/month. It is estimated that little Nicole's first six months of life cost in excess of $300,000.00. This scenario is, unfortunately, not unique.

The greater sadness for these children is the virtual disappearance of the parents once the child has been placed in care. These parents do not respond to traditional services and they fail to inquire further about their children. They default even their court appearance in dependency actions. The state becomes a parent to their children for the next 18 years.

THE LOCATION

Compounding the caseload patterns described above, demographic characteristics also contributed to unique problems in caseload

management and effective service delivery. For instance, the Wenatchee office provides services to Chelan and Douglas counties in the state of Washington. The service catchment area can be described as rural, with a strong agricultural economic base. The largest concentration of population is found in the contiguous communities of Wenatchee and East Wenatchee, with approximately 40,000 inhabitants. The two county area is culturally diverse, having significant hispanic and native American populations. Due to its agricultural base, the economy as well as the population, experiences seasonal fluctuations.

Significantly, the two county area is also on what law enforcement officials refer to as a "drug pipeline" which corresponds to U.S. Highway 97.[1] As a result of its location on this "pipeline", Wenatchee has an overwhelming drug problem with cocaine, methamphetamine, marijuana and rock cocaine being made readily available. Combined with an expansive territory (social workers can travel as much as 150 miles one way to contact a family) the traditional scarcity of resources in rural areas made the provision of preventative services extremely difficult. Intervention in these families was most often limited to out-of-home placement of the children in foster care. Subsequent to such placements, services designed to rehabilitate the families would be ordered by the courts. As has been documented,[2] compliance with court orderd services decreases dramatically when drugs and alcohol are factors in the abuse and neglect of children. This was the experience of the Wenatchee Office of Children and Family Services prior to

January, 1990.

THE DESIGN

In August of 1989, social workers Pat Boggess and Dean Reiman formulated a model of services and service delivery to address the needs of the high risk population of children and families whose lives were impacted by drug and alcohol abuse. The model was designed to provide intensive in-home services to pregnant and parenting women with a goal of keeping families intact and children in the home. After consulting with community professionals and nationally recognized leaders in the field of perinatal substance abuse, a proposal was submitted to the Washington State Department of Social and Health Services for funding of a 12 month research project under its "Service Enhancements By Expenditure Shifting" or "SEBES" Program. The proposal was accepted for funding effective January, 1990.

The project has been designed with two components referred to as "front end" and "back end" services. The "front end" provides services to reduce the risk to children and infants posed by their parents' substance abuse and to prevent the need for out-of-home placement. Normal state protocol for intervention was expanded to allow for intervention and service delivery prior to the third trimester of pregnancy. The "back end" portion of the project functions as a permanency planning unit, working with cases where children are already placed outside of the home in order to expedite their movement into a variety of permanent residences.

Cases for inclusion into the Wenatchee Project are randomly selected from current caseloads and from regular CPS intake sources. This selection allows for the establishment of experimental and control groups to facilitate the analysis of the effectiveness of the services offered by the Wenatchee Project. Finally, caseload sizes are lidded to afford the social workers and other project staff the opportunity to provide intensive service delivery and case management.

The Wenatchee Project has been limited, however, to a very rigid measure of success, i.e. - the project must be cost neutral. This cost neutrality is measured only in terms of savings in foster care expenditures, either through prevented placements or through savings incurred by children exiting from paid foster placement. Savings reflected in intact families, happy, safe children, drug free parents and children, caseworker satisfaction and a stable, productive community are nowhere measured by this particular design.

The Wenatchee Project staff is comprised of the following specialists:

Patricia Boggess, M.S.	---	Primary Investigator/Social Worker
Dean Reiman, Ph. C.	---	Project Coordinator/Social Worker
Steve Warman	---	Permanent Planning Social Worker
Patricia Stillwaugh	---	Permanent Planning Social Worker
Grace Lynch, R.N.	---	Nurse Consultant
Sue Neely	---	Homemaker
Teri Scott	---	Secretary

Dr. Terry Neher --- Drug/Alcohol Counselor

Staff were selected on the basis of their individual achievements and on their demonstrated awareness of the impact of substance abuse on families. They also exhibit a strong sense of values related to family preservation.

POPULATION CHARACTERISTICS

The population characteristics of this targeted group are complex and not restricted to urban areas. Clients, as a rule, are socially and physically isolated. There are family histories of severe chemical dependency, domestic violence and child abuse and neglect issues. Prenatal care is often sporadic at best and when it exists, is complicated by other related medical concerns. The majority of clients have multiple histories of drug and alcohol treatment with subsequent relapse and continued use of deleterious substances. Client ages range from 14 to 39 years. The majority are on public assistance but lack an awareness, or trust, of the resources available to them through these programs. Most noticeably, these women and their children lack traditional support systems in the form of family, extended family and non drug-related friendships. As a result, their lives are best described as chaotic and crisis-oriented. They have multiple relationships and are fearful of living alone, especially without a man in their home. Few have ever had any work experience and all lack self-esteem and a positive self-image.

In order to provide appropriate services to this very special and needy population, it was necessary to first understand the nature of chemical dependency and the limitations that it imposes upon the abilities of the drug user. Cocaine, in particular, causes a shift in the brain from choice and rationality to automatic biological drive. To work with these clients it is necessary to have a sense, not only of the biological underpinnings of addiction, but also an awareness of the triggers in their lives which may cause relapse or repeated use of the drug.[3, 4] Services must reflect this awareness and also be provided at times that are appropriate to the stage of recovery. That means recognizing the brain's level of functioning and ability to not only understand the information that it is receiving but to also translate that information into feelings and behaviors. We begin with the neurochemical impacts of drug addiction, the effects of those impacts on behavior, cognition, emotions and relationships, and we plan our interventions accordingly.

Structure, consistency and predictability are critical to the drug impacted family. Intervention in these families must attempt to structure them towards predictability through case planning, service provision, court orders and dependency actions, if necessary. Risks to the fragile family structure escalates any time there is a break in structure. To demonstrate and model balance and order to our client families, the Wenatchee Project provides concrete, wrap-around, community-based services utilizing a "one stop shopping" approach wherein as many services as possible are

provided in a single location.

SERVICES

The Wenatchee Project provides the following services as well as others to meet its clients' needs in a manner which is consistent with the stage of their recovery from addiction:

* Certified drug and alcohol assessments and counseling including week-end contacts.
* Nursing care services provided on-site and in the home by the staff nursing consultant.
* Homemaker services including assistance with budgeting, household management and transportation.
* Recovery support groups to address issues of self-esteem, daily recovery plans, guilt, stress, anger, co-dependency and other issues related to the client's successful stabilization and recovery.
* On-site parenting classes and health education.
* Swimming and exercise classes led by community volunteers. Staff are also encouraged to participate.
* On-site mental health counseling.
* On-site domestic violence counseling.
* Adoption and social services intervention and assistance.
* Introduction to community services and resources. Volunteers from local businesses and agencies are brought in to inform clients of the many options and opportunities available.
* Exercises in personal grooming. Local cosmetologists and

stylists are recruited to educate clients on appearance and presentation for job interviews, school and for self-image and self-esteem.

* The use of nutritional counseling and amino acid supplements to begin to repair the neurological deficits created by chemical dependency and years of poor dietary habits.
* Financial services and referral information.
* Coordination with financial opportunities available through public assistance programs.
* Home visits and opportunities for daily one-on-one contact with project staff.
* Direct client services through utilization of home based service providers.
* On-site and off-site daycare, including therapeutic daycare resources.
* On-site urinalysis.

CONCLUSION

We believe that the challenge to social workers and agencies attempting to connect with families impacted by substance abuse is to impact the negative effects of fetal exposure to substances by providing environmental opportunities for developmental outcomes for children and families. We must provide non-substance abusing social networks and support systems for those seeking to recover. It is necessary to break the barriers of severe isolation that

exist in these clients' lives. Our hope and experience tell us that we are able to create a new sense of family for these people through what we call "surrogate or fictive kinship." This means that, in our casework, we must identify areas of family dysfunction or absence and seek services or experiences which act to repair those dysfunctions and fill those absences. Family is the glue which holds this all together. We become the models of normalcy and acceptance.

It is important to recognize the generous contributions and support of the Wenatchee business and social service community. Many of the services described above have been provided without consideration as to cost, making this project truly a community-based effort. With the assistance of these silent contributors we have been able to provide such unique wrap-around services to our clientele. To date, more than 83 families have benefitted from this effort.

REFERENCES

1. GIBBS, A. - U.S. Highway 97: The Road for Drugs. The Tacoma News Tribune, April 30, 1990.

2. FAMULARO, R.,KINSCHERFF, R., BUNSHAFT, D., SPIVAK, G. and FENTON, T. - Parental Compliance to Court-Ordered Treatment Intervention in Cases of Child Maltreatment. In: Child Abuse and Neglect 13:507-514. 1989.

3. BLUM, K., TRACHTENBURG, M.C. AND KOZLOWSKI, G.P. - Cocaine Therapy: The "Reward Cascade" Link. In: Professional Counselor. Jan/Feb, 1989:27-52.

4. RAWSON, R.A. - Special Issues in Cocaine Treatment. From: An address at the Tenth Betty Ford Center Conference on Chemical Dependency. Feb. 19-21,1990. Rancho Mirage, California.